

COMPARING ALL PLANS

BENEFIT	OUT-OF-POCKET MAXIMUM			
	NAME OF PLAN	NAME OF PLAN	NAME OF PLAN	NAME OF PLAN
Hospital Deductible				
Medical Deductible				
Hospital Co-payments				
Medical Co-payments				
Annual Out-of-Pocket Limit				
Prescription Drugs				
Foreign Travel/Out of Area				
Monthly Premium				
Preventive Care (besides flu shots, mammograms)				
Lifetime Benefit Maximum				
OTHER _____ (Eye exam, glasses, hearing aids)				

Employment-Related Benefit Plan Review

SOME THINGS TO CONSIDER ABOUT YOUR EMPLOYMENT-RELATED BENEFIT PLAN

Does the employer's plan continue after retirement? _____

Does the plan appear to be secure, or is the employer cutting back on benefits? _____

Does the plan cover the retired person's spouse or other dependents? _____

Will the spouse/dependent be covered if the retired person dies? _____

What are the lifetime maximums in the employer's plan? _____

How much of the lifetime maximums have been used? _____

What are the deductibles or co-payments/coinsurance of the employer's plan? _____

Hospital deductible or co-payment/coinsurance _____

Emergency room or hospital outpatient deductible or co-payment _____

Medical deductible or co-payment/coinsurance _____

Other deductibles or co-payments/coinsurance _____

Does the employer's plan provide dental, eyeglass, hearing or other coverages? _____

Does the plan require the use of participating providers? _____

If so, will the plan beneficiaries continue to live in the service area? _____

Does the plan provide a prescription drug benefit? How does it work? _____

Is there a stop-loss or out-of-pocket limit? _____

How much does the employer's plan cost per month? _____

Is the plan self funded (regulated by the U.S. Department of Labor) or state regulated? _____

**FOR ASSISTANCE IN CALCULATING YOUR SPECIFIC BENEFITS AND, IF APPLICABLE,
THEIR COORDINATION WITH MEDICARE, CONSULT A SHIBA HELPLINE VOLUNTEER.
CALL (800) 397-4422.**